

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12185-62-048284  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JAN 2 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JAN 2 1963

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis,

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 4120 Oregon Ave.,Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri, b. COUNTYc. CITY  
OR  
TOWN St. Louis,Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS 4120 Oregon Ave.,Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
MICHAEL M. DOOLEY4. DATE  
OF DEATH December 18, 1962

5. SEX

Male,

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/24/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Allen Industries

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John J. Dooley,

13b. MOTHER'S MAIDEN NAME

Anne Cunningham

14. NAME OF HUSBAND OR WIFE

Rose Dooley,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give war or dates of service)  
WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary M. Dooley, 4120a Oregon Ave.,

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHRONIC CARDIOVASCULAR HEART DISEASE SEVERAL YRS.  
WITH HYPERTENSION (DECOMPENSATED)INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-3-50 to 12-18-62 and last saw him alive on 12-18-62  
Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4523 S. KINGS HIGHWAY

22c. DATE SIGNED

12-18-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12/20/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery,

23d. LOCATION (City, town, or county)

St. Louis, Missouri,

(State)

24. FUNERAL DIRECTOR

Gebken-Benz Mortuary,

ADDRESS

2842 Meramec St.,  
St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 3 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Joe E. Benz*

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.